SM-4339-3 09/2002

Michigan Department of Education Office of School Support Services Pupil Transportation, Driver and Rider Safety Program Box 30008, Lansing, Michigan 48909

Direct questions regarding this form to (517) 373-8374 Fax number (517) 373-4022

DRIVER EDUCATION INSTRUCTOR APPROVAL REQUEST

Agency Code Number*	Michigan Driver License Number	Date of Birth	Telepho	Telephone Number ()		
			`			
Last Name	First	Middle	Social	Social Security Number **		
Street Address		City	State	State Zip Code		
		ver Training School – 5	digit school cod	e		
** Information Protect	eted					
	EMPLO	OYING AGENCY:				
Name of school district or	driver training school			Telephone	Number	
G		a.		()	
Street Address		City		State	Zip Code	
Authorized Agency	Official					
SIGNATURE			TYPED NAMED			
	DATE		POSITION OR TITLE			
	MAILIN	G INSTRUCTION	S			
		<u>G I (SIRCOITO)</u>			$\overline{}$	
Gene	form attach: COPY OF A CURRENT, VA ral School Law, paragraph R388.311 T have a valid Michigan teaching ce	, specifies that to be elig	ible to teach driv	er educatio	n, an individual	
REQUIRE Gene	SITY TRANSCRIPT VERIF D COURSEWORK MUST A ral School Law, paragraph R388.313 alent of eight (8) semester hours of a	CCOMPANY THI	S REQUEST approval, an ind	FOR AP	PROVAL. st have earned the	
			Pupil Transportation, Driver and Rider Safety Program Michigan Department of Education PO Box 30008			
		Lai	nsing, MI 489	909		
FOR MDE OFFICE	USE ONLY					
Type of Approval	Status	University	Credits Se	end to DOS	Date	